

A cross-sectional study of prolonged disengagement from clinic among people with HCV receiving care in a low threshold, multidisciplinary clinic

Claire E. Kendall^{1,2,3,4,5}, Michael Fitzgerald¹, Jessy Donelle², Jeffrey C. Kwong^{2,6,7,8,9,10}, Chrissi Galanakis³, Rob Boyd¹¹, Curtis L. Cooper^{3,12}

1. Bruyère Research Institute, Ottawa, Canada; 2. ICES, Toronto, Canada; 3. Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Canada; 4. Department of Family Medicine, University of Ottawa, Ottawa, Canada; 5. Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto, Canada; 6. Public Health Ontario, Toronto, Ontario; 7. Department of Family and Community Medicine, University of Toronto, Toronto, Canada; 8. Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario; 9. Centre for Vaccine Preventable Diseases, University of Toronto, Toronto, Ontario; 10. University Health Network, Toronto, Ontario; 11. Sandy Hill Community Health Centre, Ottawa, Canada; 12. Department of Medicine, University of Ottawa, Ottawa, Canada

Background

- Direct-acting antiviral (DAA) treatments have dramatically improved treatment outcomes for hepatitis C virus (HCV), yet it remains one of the most burdensome infections in Canada.
- Disengagement from care can affect Hepatitis C treatment outcomes.
- We assessed the extent and determinants of disengagement among HCV patients receiving care at The Ottawa Hospital Viral Hepatitis Program (TOHVHP).

Methods

- We linked clinical data of adult patients receiving care between 1 April 2002 and 1 October 2015 to provincial health administrative databases
- We categorized patients as ever or never disengaged from clinic (no TOHVHP encounters over 18 months), and calculated primary and acute care use in the year after disengagement.
- We used adjusted Cox proportional hazards models to analyze variables associated with disengagement.

Results

- 90.4% of TOHVHP patients were successfully linked to ICES data; after exclusions, our HCV cohort consisted of 1,100 individuals.
- Those disengaged were younger at presentation (46.6 years (SD 11.1 years) vs 51.9 years (SD 11.0 years), $p < 0.001$) and had lower comorbidity.
- After multivariable adjustment, we observed lower hazards of disengagement among:
 - those with higher compared to lower fibrosis scores (F3:hazard ratio (HR) 0.21; 95% confidence interval (CI) 0.08-0.57 and F4: HR 0.32; 95%CI 0.19-0.55);
 - those treated compared to never treated (HR=0.71; 95%CI 0.58-0.88 for those who ever received DAA and HR=0.66; 95%CI 0.55-0.80 for those who received interferon but not DAA).
- We found no association with mental health or substance use disorders.

Results (cont.)

- People who disengaged from our HCV clinic had a high rate of primary care use and hospital admissions in the first year.

Healthcare utilization of TOHVHP HCV+ participants who were ever disengaged from care (N=657), in the first year after disengagement

Type of healthcare encounter		All visits	Viral hepatitis visits
Outpatient visits to family physician:	N visits	5677	144
	N individuals with ≥ 1 visit (%)	488 (74.3)	99 (15.1)
	Mean (SD)	8.64 \pm 16.35	0.22 \pm 0.61
	Median (Q1-Q3)	3 (0-8)	0 (0-0)
Emergency department visits:	N visits	617	39
	N individuals with ≥ 1 visit (%)	244 (37.1)	27 (4.1)
	Mean (SD)	0.94 \pm 2.01	0.06 \pm 0.37
	Median (Q1-Q3)	0 (0-1)	0 (0-0)
Hospitalizations:	N hospitalizations	207	19
	N individuals with ≥ 1 hospitalizations (%)	116 (17.7)	19 (2.9)
	Mean (SD)	0.32 \pm 0.90	0.03 \pm 0.17
	Median (Q1-Q3)	0 (0-0)	0 (0-0)

- More than two-thirds (68.0%; n=447) ultimately re-engaged with TOHVHP.

Conclusion

- In our study, most people who were disengaged from the clinic continued to receive access to primary care and ultimately re-engaged in HCV care.
- Better integration of specialty and primary care, and more widespread outreach efforts to treat HCV patients in the community, could reduce the number who disengage and maximize the benefits of HCV antiviral therapy
- Simplifying and streamlining diagnosis and evaluation of HCV are avenues that need further exploration.



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Conflict of Interest Disclosure

In the past 2 years I have been an employee of: **University of Ottawa**

In the past 2 years I have been a consultant for: **Canadian Foundation for Healthcare Improvement**

In the past 2 years I have held investments in the following pharmaceutical organizations, medical devices companies or communications firms: **None**

In the past 2 years I have been a member of the Scientific advisory board for: **Ontario HIV Treatment Network Cohort Study**

In the past 2 years I have been a speaker for: **n/a**

In the past 2 years I have received research support (grants) from: **CIHR, OHTN**

In the past 2 years I have received honoraria from: **Canadian Foundation for Healthcare Improvement**

I agree to disclose approved and non-approved indications for medications in this presentation: **No**

I agree to use generic names of medications in this presentation: **Yes (n/a)**

There are relationships to disclose: **No**